

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	SITE NUMBER (to be assigned by HQ)	
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.				
GENERAL INSTRUCTIONS: Complete Sections I and III through X, as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-325), 401 M St., SW, Washington, DC 20460.				
I. SITE IDENTIFICATION				
A. SITE NAME ALCOA, ANDERSON COUNTY WORKS	B. STREET OR OTHER IDENTIFIER US 79, 7 1/2 Miles NE of Palestine	C. CITY Palestine	D. STATE TX	
E. ZIP CODE 75801	F. COUNTY NAME Anderson			
G. OWNER/OPERATOR (if known) 1. NAME Aluminum Company of America, O.C Wilkerson, Environmental and Safety Supt.	J. TELEPHONE NUMBER (214)729-2281			
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				
I. SITE DESCRIPTION Aluminum production plant with landfills, impoundments, treatment and storage for waste handling and disposal. Operation began in 1976.				
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citations, etc.) TDWR	K. DATE IDENTIFIED (mon. day, & yr.) 11/19/80			
L. PRINCIPAL STATE CONTACT 1. NAME Bill Hupp, TDWR	M. TELEPHONE NUMBER (512)475-6371			
II. PRELIMINARY ASSESSMENT (complete this section last)				
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN				
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED <input type="checkbox"/> 3. TENTATIVELY SCHEDULED FOR <input type="checkbox"/> 4. WILL BE PERFORMED BY _____ <input checked="" type="checkbox"/> 5. SITE INSPECTION NEEDED (low priority) _____ REORGANIZED	<input type="checkbox"/> 6. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 7. TENTATIVELY SCHEDULED FOR <input type="checkbox"/> 8. WILL BE PERFORMED BY SUPERFUND FILE JUL 14 1992			
C. PREPARER INFORMATION 1. NAME David Anderson	2. TELEPHONE NUMBER (214)742-4521	3. DATE (mon. day, & yr.) Sept. 1, 1982		
III. SITE INFORMATION				
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in extremely small quantities.)	<input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)	3. OTHER (specify) (These sites that include such activities like "garbage dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO	<input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3334, 2819			
C. AREA OF SITE (in acres): 250-total plant site approx. 40 - disposal	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec): 31°48'44"N			
2. LONGITUDE (deg-min-sec): 95°30'55"W				
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Plant and office buildings				

T2070-2 (10-79)

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Revised: Al Gardner
7/22/82

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IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking "X" in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> X 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARRE	<input checked="" type="checkbox"/> X 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. GROW DUMP
<input checked="" type="checkbox"/> X 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> X 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> X 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify)
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Solids and sludges are disposed of in 2 impoundments on site. PCB wastes are stored and shipped off site for disposal. Liquid wastes are treated and solids resulting from treatment are disposed of in the impoundments.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE

X 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

1. Are sources of wastes available? Specify items such as manifests, inventories, etc., below.

Yes, Alcoa has records of waste generated.

2. Estimate the amount/specify unit of measure of waste by category. Mark "X" to indicate which wastes are present.

A. SLUDGE	B. OIL	C. SOLVENTS	D. CHEMICALS	E. SOLIDS	F. OTHER
AMOUNT 294	AMOUNT None	AMOUNT 50	AMOUNT 14,000	AMOUNT None	AMOUNT None
UNIT OF MEASURE ton/year	UNIT OF MEASURE lbs/year	UNIT OF MEASURE tons/year	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> X 11. PAINT, PIGMENTS	<input checked="" type="checkbox"/> X 11. OILY WASTES	<input checked="" type="checkbox"/> X 11. HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> X 11. ACIDS	<input checked="" type="checkbox"/> X 11. FLYASH	<input checked="" type="checkbox"/> X 11. LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> X 12. METALS SLUDGES	<input type="checkbox"/> 12. OTHER (specify):	<input type="checkbox"/> 12. NORMAL ORGANIC SOLVENTS	<input type="checkbox"/> 12. PICKLING LIQUORS	<input type="checkbox"/> 12. ASBESTOS	<input type="checkbox"/> 12. HOSPITAL
<input type="checkbox"/> 13. PCP	<input type="checkbox"/> 13. OTHER (specify):	<input type="checkbox"/> 13. OTHER (specify):	<input type="checkbox"/> 13. CAUSTICS	<input type="checkbox"/> 13. MILLING/ MINE TAILINGS	<input type="checkbox"/> 13. RADIOACTIVE
<input type="checkbox"/> 14. ALUMINUM SLUDGE	<input type="checkbox"/> 14. OTHER (specify):	<input type="checkbox"/> *Degreasing solvents	<input type="checkbox"/> 14. PESTICIDES	<input type="checkbox"/> 14. FERROUS SULTG. WASTES	<input type="checkbox"/> 14. MUNICIPAL
<input type="checkbox"/> 15. OTHER (specify):			<input type="checkbox"/> 15. DYES/TINCS	<input type="checkbox"/> 15. NON-FERROUS SULTG. WASTES	<input type="checkbox"/> 15. OTHER (specify):
			<input type="checkbox"/> 16. CYANIDE	<input type="checkbox"/> 16. OTHER (specify):	
			<input type="checkbox"/> 17. PHENOLS		
			<input type="checkbox"/> 18. HALOGENS		
			<input type="checkbox"/> 19. PCB		
			<input type="checkbox"/> 20. METALS		
			<input type="checkbox"/> 21. OTHER (specify):		

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V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard)				
Aluminum chloride Sodium hypochlorite Chromium hydroxide Deca chloro biphenyl				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE				
Aquifers in the area used for a drinking water supply are in the Garrison and Queen City formation.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (check 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mm,dd,yy,7n)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			Previous leaking from hypochlorite pond is being monitored.
8. CONTAMINATION OF SURFACE WATER		X	1977	Fish kill in Hurricane Creek.
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. FENCE, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES		X		
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

<input type="checkbox"/> A. NPDES PERMIT	<input type="checkbox"/> B. SPCC PLAN	<input checked="" type="checkbox"/> C. STATE PERMIT (check all applicable) Water and Solid Waste
<input type="checkbox"/> D. AIR PERMITS	<input type="checkbox"/> E. LOCAL PERMIT	<input checked="" type="checkbox"/> F. RCRA TRANSPORTER
<input type="checkbox"/> G. RCRA STORER	<input type="checkbox"/> H. RCRA TREATER	<input checked="" type="checkbox"/> I. RCRA DISPOSER
<input type="checkbox"/> J. OTHER (specify)		

B. IN COMPLIANCE?

<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN
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C. WITH RESPECT TO THIS REGULATORY ACTION & REMEDY:

VIII. PAST REGULATORY ACTIONS

<input type="checkbox"/> A. NONE	<input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)
Cited for a fish kill in Hurricane Creek in 1977. Several violations of pH in effluent from sewage treatment plant.	

IX. INSPECTION ACTIVITY (date or ongoing)

A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Month, Day, & Year)	3. PERFORMED BY EPA/State	4. DESCRIPTION
Inspection	10/11/79	State	Solid Waste Inspection

X. REMEDIAL ACTIVITY (date or ongoing)

A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Month, Day, & Year)	3. PERFORMED BY EPA/State	4. DESCRIPTION
Registration Change	7/30/80	State	PCB's & solids contaminated with chlorinated organics added.
Compliance	4/1/82	State/EPA	Elimination of PCB from discharge.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.